

POC accepted on 3/13/09

PRINTED: 02/06/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2010AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2009
NAME OF PROVIDER OR SUPPLIER ST PAUL'S HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 MANHATTAN ST RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a State Licensure survey and Change of Category survey conducted in your facility on 1/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. The following deficiencies were identified:	Y 000			
✓ Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 1/15/09, the facility failed to ensure that 2 of 2 caregivers received eight hours of annual training (Employee #1 and #2).	Y 070		✓ GW 3/6/09	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

8TTQ11

If continuation sheet 1 of 10

Kevin P. [Signature] 2/26/09
asst. cd [Signature]

**ST. PAUL HOMECARE I
ID NO. NVN 2010AGC**

1500 Manhattan Street, Reno, NV-89512

Phone: 775-337-6900 Fax No. 775- 337-6900

**IN RESPONSE TO CHANGE OF CATEGORY SURVEY CONDUCTED ON
JANUARY 15, 2009.**

Y 070 449.196(1)(f)Qualifications of Caregiver -8 hours training

Employee #2 had completed the 8 hours training required by NAC 449.196 before the survey. Attachment # 2, certificate of attendance is hereto be submitted for employee 1 & employee 2. The administrator will utilize employee checklist and employee files will be reviewed every 6 months for continued compliance.

Y103 449.200(1)(d) Personnel File-NAC 441A

Employee #2 had TB test taken on Jan 6 '09 before the survey. Attachment #2 is hereto be submitted for compliance. A personnel files checklist will be utilized and reviewed every 6 months to ensure all employee files are updated. The administrator will monitor for continued compliance.

Y106 449.2009(2)(a) Personnel File – 1st aid & CPR

Employee # 2 had CPR and First Aid was taken last Feb.2008 at MAJEN and expired on Feb. 2010. Attachment # 3 is here to be submitted .The administrator will monitor for compliance.

Y108 449.200(3)Per File –Storage and Availability.

The administrator will ensure that all personnel files will be kept in the facility in a locked cabinet. Employee #2 files shall be made available for review within 72 hours upon bureau request to review the files. The administrator will monitor for continued compliance.

Y272 449.2175(3) Service of Food - Menus

The administrator will ensure that planned menus will be posted and kept on file for 90 days. Attachment # 4 is hereto to be submitted for compliance. The administrator will monitor for continued compliance.

Y444 449.229(9) Smoke Detectors

The administrator will ensure that smoke detectors must be maintained and operational at all times, must be tested every month and results of the test must be documented. Attachment #5 is hereto to be submitted. The administrator will monitor for compliance.

Y645 449.2704(1)-(5) Rate Agreement

All residents file will be reviewed every 6 months to ensure that resident files are updated. Admission Agreement and resident checklist will be utilized as per attachment # 6 for compliance. The administrator will monitor for continued compliance.

Y876 449.2742(4) NRS 449.037

Attachment # 7 Ultimate User Agreement for residents #1, #2, #3 and #4 are hereto be submitted for compliance. Administrator will ensure that resident files will be reviewed every 6 months. The administrator will monitor for continued compliance.

Y890 449.2744(1)(a)(1)-(4) Medication / Receipt Log

Attachment #8 Pharmacy Log is hereto be submitted for compliance. The administrator will ensure that the facility will maintain Pharmacy Log for every resident. The administrator will monitor for continued compliance.

Y920 449.2748(1) Medication Storage

Resident #4 is ambulatory, very alert and most of the day he was out of the facility. He signed the Ultimate User Agreement that the facility will retain and supervise the administration of his medication but he was buying over the-counter- medication which not known by the caregiver, the administrator had discussion with the resident to surrender all his over the counter medicine and caregiver will do a random check of all residents room. The administrator will monitor for compliance.

Y933 449.2749(1)(d)(1)-(3) Resident File

Resident # 2 request for physician statement has been faxed to his doctor but his doctor wants to see him first and he was scheduled on March 10,2009.
Resident # 4 we already notified the doctor for his physician statement but up to this date we couldn't receive anything yet what we had is Discharged Observations and Instructions as per attachment # 9.
The administrator will ensure that all resident files will be reviewed every 6 months and resident checklist will be utilized for continued compliance as per attachment #9.

Y936 449.2749(1) (e) Resident File

Resident #3, resident #4 and resident #2 had TB test but not on file at the time of survey as per attachment #10. The administrator will utilize resident checklist for continued compliance.

Y938 449.2749(1)(g)(1) Resident File

The administrator will ensure that resident files will be reviewed every 6 months and resident checklist will be utilized. Attachment #11 is hereto be submitted for compliance.